

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L95000000602

**Entity Name:** BAYSHORE PHYSICIANS OF FLORIDA, L.C.

**Current Principal Place of Business:**

13910 FIVAY RD  
STE 15  
HUDSON, FL 34667

**Current Mailing Address:**

13910 FIVAY ROAD .  
15  
HUDSON, FL 34667 US

**FEI Number:** 59-3026973

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

RUIZ, ALFONZO M.D.  
13910 FIVAY ROAD  
SUITE 15  
HUDSON, FL 34667 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** ALFONZO RUIZ MD

02/10/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name RUIZ, ESTEBAN ALFONZO M.D.  
Address 13910 FIVAY ROAD  
SUITE 15  
City-State-Zip: HUDSON FL 34667

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ESTEBAN RUIZ

MGR

02/10/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date